



**TOWN OF MIDDLEBOROUGH
HEALTH DEPARTMENT
20 Center Street
Phone # 508-946-2408**

TOBACCO SALES PERMIT APPLICATION

Permit Number: _____

Fee \$100.00

Name of Business: _____

Location Address: _____

Mailing Address: _____

Name of Owner: _____

If a Corporation or Partnership Give Name, Title, and home address of officers or partner _____

Telephone Number: _____ Email _____

Federal Tax I.D. Number/Social Security Number: _____

As the owner, manager, and/or operator who holds a State License to sell tobacco products, I did apply and receive a Middleborough Board of Health Tobacco Permit with the understanding that it is illegal to sell tobacco in any form to individuals under 18 years of age. I am aware that there are no exceptions. I will obtain photographic proof of age from all customers who look to be 25 years of age or younger before selling any tobacco products. I will train my sales staff to conduct tobacco sales legally. Tobacco products will be located so as to be in compliance with the Middleborough Tobacco Regulation.

I understand that the Middleborough Board of Health and its agents will conduct unannounced compliance checks. I am aware that violations of any section of the Tobacco regulation may result in issuance of fines and/or the revocation of this permit. I understand that this permit must be renewed annually.

Signature of Person Responsible for Permit

(Print Name)

***COPY OF DEPARTMENT OF REVENUE TOBACCO SALES TAX PERMIT REQUIRED.**